RESET FORM

MISSISSIPPI VALLEY STATE UNIVERSITY

Equipment Form Notification

This form is only to be used if a purchase of equipment was inadvertently made using the Procurement Card.

Department: _____P- Card #:_____last four

Card Holder Administrator: _____ Phone:_____

Please check one of the following: In store purchase/website order/ telephone order

Where: In-State Out-State **How**: In-Store Web-site Telephone Other

Date Ordered:_____ If website or telephone is chosen, please provide either the website or phone number: _____.

Vendor: _____

Address_____City_____ST.___ Zip Code_____

Qty	Item#	Detailed Description	Price

I understand that equipment should not be purchased on the Procurement Card or any type of Charge Card and certify that no future purchases will be made for equipment.

Cardholder: _____ Date: _____

Approver's signature: _____ Date: _____

Fund* _____ Org _____ Account _____ Program _____ Activity _____

**If restricted (3xxxxx/8xxxxx), the restricted fund section below is required.*

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Revised 2/18/2025